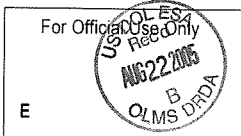


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10671</u>	2. Fiscal Year Covered From: <u>01 / 01 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>David G. Bofinger</u>  P.O. Box, Bldg., Room No., if any <u>277 Pearl Street</u> Street <u>Bangor</u> City <u>Maine</u> State ZIP Code + 4 <u>04401</u>	4. Name, file number, and address of labor organization. Name <u>IBEW LU 1837</u>  Labor Organization File Number <u>042-350</u>  P.O. Box, Building and Room Number, if any  Street <u>16 Old Winthrop Road</u> City <u>Manchester</u> State <u>ME</u> ZIP Code + 4 <u>04351</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income.          7. b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>David G. Bofinger</u>	On <u>8-16-05</u>	<u>207-623-1030</u>
	Date	Telephone Number

Name of Person Filing	David G. Bofinger	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>New England Electrical Workers Benefit Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p><b>PO Box 3811</b></p> <p>Street</p> <p><b>60 No. Main Street</b></p> <p>City</p> <p><b>Wallingford</b></p> <p>State <b>CT</b> ZIP Code + 4 <b>06492-7617</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Same as above</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>Trustee</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>1,254.92</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><b>Reimbursement for expenses for attending meetings</b></p> <hr/> <p>12.b. Amount. <b>1,254.92</b></p>

<p>C. <b>Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

New England Electrical Workers Benefits Fund  
Info to complete Form LM 30

Part B Info.

DAVID BOFINGER

8/17/2004	5411 IBEW LU 1837	4/13/2004	reimb for april mtg lodging	371.95
8/19/2004	5412 IBEW LU 1837	6/16/2004	reimb for june mtg	303.75

12/1/2004	1282 check pd to Sheraton Burlington on behalf of David for room charges	10/5/2004	hotel charges pd on his behalf	140.61
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12/16/2004	1292 check pd to Sheraton Bradley on behalf of David for room charges	12/16/2004	hotel charges pd on his behalf	178.58
8/19/2004	Hotel on behalf of David for 1278 room charges	8/19/2004	hotel charges pd on his behalf	260.03
				<u>1,254.92</u>